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FILL OUT ALL BLANKS  
AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain Terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH		ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS		State Index No. 82	
County <u>Gila</u>	District <u>Globe</u>	County Registered No. <u>394</u>	
Town <u>Globe</u>	Or City <u>Globe</u>	Local Registrar's No. _____	
ORIGINAL CERTIFICATE OF DEATH			
No. <u>Old Webster House</u> (If death occurred in a Hospital or Institution, give its NAME instead of street and number.)			
FULL NAME <u>Dago (Robert) Vuletich</u>			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX <u>Male</u>	Color or Race <u>White</u> Indian Black Chinese Mexican	DATE OF DEATH <u>Nov 21</u> 191 <u>9</u> (Month) (Day) (Year)	
SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		I hereby certify, that I attended deceased from <u>Nov 19</u> 191 <u>9</u> to <u>Nov 21</u> 191 <u>9</u> ; that I last saw him <u>alive</u> on <u>Nov 21</u> 191 <u>9</u> , and that death occurred on the date stated above at <u>7</u> P.M. The DISEASE or INJURY causing Death was as follows: <u>Lobar Pneumonia</u>	
DATE OF BIRTH <u>Dec 25</u> 188 <u>9</u> (Month) (Day) (Year)		Was disease contracted in Arizona? _____ If not, where? _____	
AGE <u>38</u> yrs. <u>—</u> mos. <u>—</u> days <u>—</u> hrs., or <u>—</u> min.		CONTRIBUTORY _____ (Signed) <u>J. H. Mace</u> 191 <u>9</u> (Address) <u>Globe, Ariz.</u>	
OCCUPATION (a) Trade, profession or particular kind of work <u>Miner</u> (b) General nature of industry, business, or establishment in which employed or (employer) _____		*In death from Violent Causes state (1) Means of Injury, and (2) whether Accidental, Suicidal, or Homicidal.	
BIRTHPLACE (State or country) <u>Austria</u>		LENGTH OF RESIDENCE _____ At place of death <u>2</u> yrs. <u>—</u> mos. <u>—</u> ds. In Arizona <u>2</u> yrs. <u>—</u> mos. <u>—</u> ds.	
PARENTS	NAME OF FATHER <u>Louis Vuletich</u>	Former or Usual Residence <u>California</u>	
	BIRTHPLACE OF FATHER (State or Country) <u>Austria</u>	Filed <u>Nov 24</u> 191 <u>9</u> <u>B. G. Joy</u>	
	MAIDEN NAME OF MOTHER <u>Mary Matich</u>	Local Registrar	
	BIRTHPLACE OF MOTHER (State or Country) <u>Austria</u>	County Registrar	
The Above Is True to the Best of My Knowledge (Informant) <u>Mary Vuletich</u> (Address) <u>Globe, Arizona</u>		Filed <u>Dec 5</u> 191 <u>9</u> <u>B. G. Joy</u>	
PLACE OF BURIAL OR REMOVAL <u>Globe, Ariz.</u>		Local Registrar	
DATE OF BURIAL OR REMOVAL <u>Nov 25</u> 191 <u>9</u>		County Registrar	
UNDERTAKER <u>J. L. Jones &amp; Son</u>		H 45	
ADDRESS <u>Globe, Ariz.</u>			